

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	
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2.	Department Use Only
State Tracking ID _____ Filed Date ____/____/____ Approval Date ____/____/____ _____ _____	

3.	Insurer Name & Address	Domicile	NAIC Group #	NAIC #	FEIN #

4.	Filer Name & Address	Telephone #	Fax #		E-mail Address

5.	Company Tracking Number	
6.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Other: _____
7.	Type of Insurance	
8.	Submitted Components	Forms <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application <input type="checkbox"/> Rider / Endorsement <input type="checkbox"/> Advertisement <input type="checkbox"/> Other: _____ Rates <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
9.	Filing Submission Date	
10.	Filing Fee Submitted	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Date of Domiciliary Approval	

12.	Filing Description:

13.	Certification
I HEREBY CERTIFY that I have reviewed the applicable "Content Standard(s)" for this filing and this filing complies with all applicable statutory provisions for the state of _____. Print Name _____ Title _____ Original Signature _____ Date _____	

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14.	FORM FILING ATTACHMENT			
This filing transmittal is part of company tracking number				
This filing corresponds to rate filing company tracking number				
	Component Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

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15.	RATE FILING ATTACHMENT			
This filing transmittal is part of company tracking number				
This filing corresponds to form filing for company tracking number				
Overall percentage rate impact for this filing		%		
	Component Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request _____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request _____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request _____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request _____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request _____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request _____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request _____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request _____% <input type="checkbox"/> Other _____	